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Care Model Redesign

Part 2: Care model key design elements

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As the health care industry shifts to value-based care (VBC), health plans and providers can utilize several levers to take advantage of financial incentives and the willingness of patients and members to engage with the healthcare ecosystem.

Often, organizations will begin their journey to a value-based model by redesigning their contracting strategy. Yet it is care model transformation that enables them to realize contracting targets and financial incentives. Two critical components of operational change when transitioning from fee-for-service (FFS) to VBC include care model redesign and enabling automation and analytics. The second installment of this four-part series explores the key design elements of an integrated care management model transformation and provides a preview of the enabling analytics lever to be discussed further in part three.

Care management pod model

A core component of a more efficient, patient-centric care model is the ability to effectively collaborate across care episodes with consistency in outreach, data sharing, and achieving common care planning goals. To build upon the effectiveness of an integrated care team, Deloitte has partnered with health plans and providers to implement an operating model referred to as the "pod model." The framework of this operating model provides care team staff with the flexibility to deliver services through a virtual and / or embedded model with connection to care delivery teams (primary care, post-acute care, home health, palliative care / hospice, urgent / convenient care, mobile paramedics, etc.). When needed, pod model resources may be shared across multiple clinic sites / providers based on patient attribution volumes, allowing care management resources the flexibility to address the attributed population's highest-need patients at the right time and at the appropriate site of care. This highly collaborative, interdisciplinary model is composed of three interconnected layers: clinical staff, non-clinical support, and enabling technology and analytics.
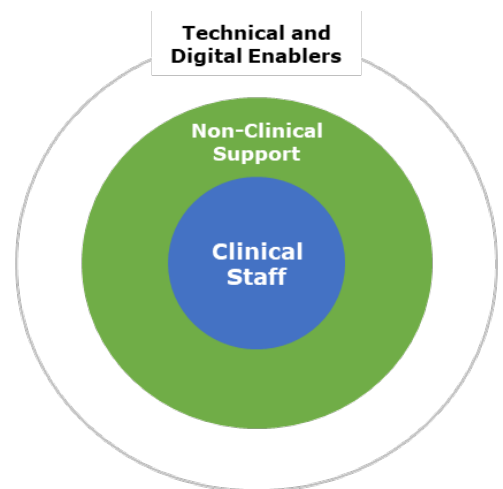

Technical and Digital Enablers

Non-Clinical Support

Clinical Staff

Figure 1: Integrated Care Management Pod Model

Care management pod model: Multi-disciplinary teams

The clinical staff is at the core of the care management pod model. They guide patient progress against care management goals with the support of non-clinical staff and enabling technology and analytics. Typically, the clinical staff layer of the pod model includes clinical resources that deliver care management in traditional care management models (e.g., RN care managers) with the addition of other clinical/clinical-like roles that address a wider variety of patient needs (e.g., pharmacists, social workers, behavioral health specialists, health coaches). While the clinical staff layer of the care management pod model is intended to take the most

direct responsibility for patient intervention, goal setting, and monitoring patient progress, clinical leads are encouraged to reach out to other clinical and non-clinical resources in their pod for additional support (e.g., clinical consults, community resources) based on patient need.

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Care management pod model: Non-clinical support

The next supporting layer of the care management pod model is non-clinical support staff. This layer of the pod model is intended to provide support for the clinical staff, helping to insulate them from day-to-day administrative concerns. The clinical staff will have the ability to leverage support staff for non-clinical activities like initial screenings, outreach, and scheduling, allowing clinical staff to focus on more complex patient and provider engagement activities. Although support

staff is not clinically licensed, they are a critical component of the care management pod model and are able to support many of the more routine care management operations, allowing their clinical counterparts to serve patients more efficiently and effectively. Typically, the non-clinical support element of the pod model is composed of non-clinical representatives for each discipline included in the core clinical team (e.g., care manager representative, case assistant, and pharmacy technician). Often, organizations find they have some of these support roles in place in their current state, operating under varying scopes. Leveraging existing non-clinical roles to provide support to clinical staff more centrally in the pod model can accelerate operational change and ease the burden of transition across the care management function.

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Care management pod model: Enabling technology and analytics

The enabling technology and analytics layer of the pod model provides wrap-around technology support across clinical and non-clinical support staff layers. An electronic workflow that can integrate EHR, claims, and third-party data/platforms and centralize documentation, thereby supporting the interdisciplinary, collaborative nature of the care management pod operating model, is critical to the success of an integrated care management program implementation. This electronic workflow should be fed by an automated, analytically-driven approach to identification and stratification. (A potential design methodology will be summarized in the next post in this series.) Beyond building new or enhanced electronic workflows and identification and stratification analytics, this layer can utilize other technologies to automate and/or support key integrated care management processes. Potential technical/digital enablers that could also be included are appointment reminder capabilities, automated chatbots, patient contact center capabilities, risk identification and performance analytics tools, digital patient chart integration, virtual care platforms, enhanced scheduling capabilities, and more. The technology layer can also be a valuable component of coordinating with physicians through automated notifications when patients are enrolled in care management programs.

It is not imperative that the enabling technology and analytics component of the pod model be fully built when the integrated care management pod operating model is launched. The broader pod operating model is intended to be refined and enhanced over time, so it is expected that the supporting analytical capabilities will expand and advance as the integrated care management program grows.

When paired with data and analytics, the integrated care management pod operating model provides a host of organizational benefits. Implementation is not only a catalyst for standardized digital workflows, centralized technology, and data transparency, it also streamlines operational processes. This model complements industry trends looking to shift from a focus on FFS to VBC and is designed to bolster efforts to lower total cost of care, improve provider experience, and improve patient outcomes in a financially sustainable way that leverages resources efficiently. It allows multidisciplinary care teams to break down silos to co-manage patients and provide transparency to providers. It also enables different clinical and non-clinical members of the care team to support patients using their various skill sets so that patients are connected with care team members best suited to their needs. The next installment of the series will explore in more detail how technology and analytics can contribute to the process.

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